

Check One	
☐ Atlanta Bd. of Education	
☐Fire Fighters	
☐General Employees	
□Police Officers	

## ING Defined Contribution Fund Pension Clearance Form

Return Form to:
City of Atlanta

Department of Finance – Pension Office
55 Trinity Avenue, S. 1600
Atlanta, Georgia 30303-3534
404.330.6260

Participant Information (please print or type)					
Name			Department		
Street Address	S		Daytime Phone Number of Pager #		
City	State	Zip	Social Security #		
Employment I	Date		Termination Date		
Signature I	Required				
from ING to my account.	o the above address	s unless I indicate	anderstand that my refund will be mailed directly be below for either a rollover or direct deposit to begin the DC Pension withdrawal process.		
Signature			Date		
■ Official Use Only ■					
and other ed satisfactory investigation	quipment) issued to condition, and tha	o or in possession t there are not ou employee. Absol	g, but not limited to, tools, ID card, parking card of the above named has been returned in tstanding liabilities or liabilities under lutely no application will be processed without an		
Commissioner	r's Signature		Date		